

## CARE COORDINATION OUTCOME REPORT

**CLIENT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Medicaid # \_\_\_\_\_  
(Street)  
(City) (State) ( Zip) SSN: \_\_\_\_\_

**PROVIDER AGENCY:** \_\_\_\_\_ Agency Code: \_\_\_\_\_

Provider #: \_\_\_\_\_ Date Case Management Started: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

INITIAL GOALS (Circle one primary goal)	GOALS AT DISCHARGE
1. To assist client to remain in his/her own home with supports, as necessary.	1. To assist client to remain in his/her own home with supports, as necessary.
2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.	2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.
3. To assist in arranging institutional Placements as appropriate with either Client/guardian consent or court orders.	3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders.
4. Short-term assistance to access services.	4. Short-term assistance to access services.

### REASON FOR DISCHARGE:

1. Client Institutionalized (NH or ACR)
2. Client No Longer Meets CM Criteria (<2ADL's/<2 unmet needs)
3. Care Plan Complete
4. Client/Family Withdrew From Service
5. Client Left The Area
6. Client Died
7. Agency Terminated Services
8. All Unmet Needs Addressed to Extent Possible

### PLACE AT TIME OF DISCHARGE:

1. House
2. Apartment
3. Rented Room
4. Adult Care Residence
5. Adult Foster Home
6. Nursing Facility
7. Mental Health/Mental Retardation Facility
8. Homeless/Emergency Shelter

**Describe Reasons for Discharge/Summary of Client's Situation:**

Revised 1/25/01

## WHAT IS A SUCCESSFUL OUTCOME

### Goals

1. To assist client to remain in his/her own home with supports, as necessary.
2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.
3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders.
4. Short-term assistance to access services.

### **PLACE AT TIME OF DISCHARGE:**

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### **HOW TO MEASURE A SUCCESSFUL OUTCOME:**

If Goal                      Then it will be a successful outcome if  
**Place at Time of Discharge** is:

- |   |             |
|---|-------------|
| 1 | 1, 2, 3, 5, |
| 2 | 1, 2, 3, 5, |
| 3 | 4, 6, 7     |
| 4 | 1, 2, 3, 5, |

## INSTRUCTIONS – CARE COORDINATION OUTCOME REPORT

Outcome reports are completed when clients are discharged from case management services. All completed outcome reports go to data entry. For Medicaid clients, mail a copy of the outcome report to the Medicaid Utilization Review Analyst assigned to the case management agency. Follow the procedures below for completing the outcome report:

1. **Client Name:** Client's last name, first name and middle initial.
2. **Client Address:** Street, city, state and zip code of the place of residence of the client at the time of discharge.
3. **Medicaid #:** Client's Medicaid Number.
4. **SSN:** Client's 9-digit Social Security number as recorded on the Uniform Assessment Instrument. (UAI).
5. **Provider Agency Name:** Full name of the case management agency.
6. **Agency Code:** 3-digit code for the case management agency.
7. **Provider #:** Medicaid provider number for the case management agency.
8. **Date Case Management Started:** Date case management services were implemented.
9. **Case Manager Name:** Last name, first name and middle initial of the case manager.
10. **Date of Discharge:** Date case management services were terminated.
11. **Initial Goals:** Pick one primary goal. Pick the option that most accurately describes the goal of case management services when the service was implemented.
  1. To assist client to remain in his/her own home with supports, as necessary.
  2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.
  3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders.
  4. Short-term assistance to access services.

12. **Goals at Discharge:** Circle the option that most accurately describes the goal of case management services at the time of discharge.
13. **Reason for Discharge:** Circle only one option. Pick the option that most accurately describes why the client was discharged from case management services. Use the space in the box to provide details.
1. **Client Institutionalized (NH or ACR)** – The client is being placed in nursing home or adult Care Residence upon discharge from the program.
  2. **Client No Longer Meets Criteria (<2ADLs/<2unmet needs)** – The client's situation has improved and the client no longer is dependent in 2 ADLs and has less than 2 identified service needs for case management services.
  3. **Care Plan Completed** – All identified service needs on the Care Plan have been resolved.
  4. **Client/Family Withdrew From Service** – The client and/or a representative withdrew from case management services.
  5. **Client Left the Area** – Client moved out of the case management agency's service area.
  6. **Client Died** – Case management services were terminated because the client died.
  7. **Agency Terminated Services** – The case management agency terminated services for reasons such as difficulty with the client, lack of personnel to serve the client and/or other management **reasons**.
  8. **All Unmet Addressed to Extent Possible** - Case manager has exhausted all available resources to address client's needs.
14. **Place at Time of Discharge:** The place in which the client is residing at the time of discharge from case management services. Circle only one option.